PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number Filing Da 01/02/20				To be Mailed		
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY		
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A			
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A		N/A]	N/A			
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A		N/A]	N/A			
TO (37	TAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =			
IND (37	DEPENDENT CLAIM CFR 1.16(h))		minus 3 =		•		x \$ =			x \$ =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 tional 50 s	ngs exceed 100 ion size fee due of for each on thereof, See of CFR 1.16(s).									
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]				
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL			
L	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT	01/20/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
Š	Total (37 CFR 1.18(i))	• 33	Minus	 29	= 4]	x \$ =		OR	X \$52=	208		
滿	Independent (37 CFR 1.16(h))	• 3	Minus	 3	= 0]	x \$ =		OR	X \$220=	0		
AM	Application Size Fee (37 CFR 1.16(s))												
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	208		
L		(Column 1)		(Column 2)	(Column 3)								
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
Z.	Total (37 CFR 1,18(i))		Minus	**	=]	x \$ =		OR	x s =			
AMENDMENT	Independent (37 CFR 1/16(h))		Minus	***]	x \$ =		OR	x \$ =			
띪	Application Size Fee (37 CFR 1.16(s))]]				
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
** 16	"If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". NICHELE PETERSON *** If the "Highest Number Previ												

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life light by the USFTO to monocosal an application. Confidentially is governed by 80 Sec. 72 and 37 CER. 1.16. This colded no estimated to take 92 annuals to complete a position form to the USFTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CER information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450.